

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCAVAGE, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
DAVID JOHN DUTCAVAGE, IN HIS INDIVIDUAL CAPACITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE RD.,
BREINIGSVILLE, PA 18031


Number of process to be served with this Form 285	1
Number of parties to be served in this case	7
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

DUTCAVGE WORKS AS THE PROTHONOTARY AT THE SCHUYLKILL COUNTY COURTHOUSE. OFFICE HOURS ARE 8:30 AM TO 4:30 PM

Signature of Attorney, Other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

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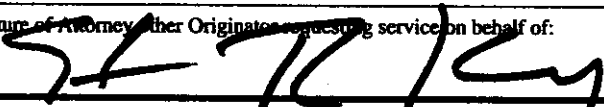
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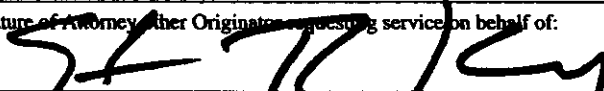
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415-275-1244

DATE

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COURT CASE NUMBER

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PLAINTIFF

EDWARD THOMAS KENNEDY

COURT CASE NUMBER

new case

DEFENDANT

DAVID JOHN DUTCavage, ET. AL

TYPE OF PROCESS

COMPLAINT AND SUMMONS

SERVE

AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

DAVID JOHN DUTCavage, IN HIS OFFICIAL CAPACITY

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

401 NORTH SECOND STREET, POTTSVILLE, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE RD.,
BREINIGSVILLE, PA 18031

Number of process to be
served with this Form 285

1

Number of parties to be
served in this case

7

Check for service
on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

DUTCavage WORKS AS THE PROTHONOTARY AT THE SCHUYLKILL COUNTY
COURTHOUSE. OFFICE HOURS ARE 8:30 AM TO 4:30 PM

Fold

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

415-275-1244

DATE

4/5/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total
number of process indicated.
(Sign only for USM 285 if more
than one USM 285 is submitted)

Total Process

District of
Origin

No. _____

District to
Serve

No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion
then residing in defendant's usual place
of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or
(Amount of Refund*)

\$0.00

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCAVAGE, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
JOSEPH G. GROODY, IN HIS OFFICIAL CAPACITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of parties to be served in this case	7
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

GROODY WORKS AS THE SHERIFF AT THE SCHUYLKILL COUNTY COURTHOUSE.
OFFICE HOURS ARE 8:30 AM TO 4:30 PM

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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	<input type="checkbox"/> DEFENDANT	415-275-1244	4/5/18

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DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

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	JOSEPH G. GROODY, IN HIS OFFICIAL CAPACITY
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE, PA 17901

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EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of parties to be served in this case 7
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Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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Signature of U.S. Marshal or Deputy _____	

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Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	415-275-1244	4/5/18

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Signature of Attorney other Originator requesting service on behalf of: <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JOSEPH G. GROODY, IN HIS INDIVIDUAL CAPACITY
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 1
EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of parties to be served in this case 7
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**GROODY WORKS AS THE SHERIFF AT THE SCHUYLKILL COUNTY COURTHOUSE.
OFFICE HOURS ARE 8:30 AM TO 4:30 PM**

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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Fold

Fold

GROODY WORKS AS THE SHERIFF AT THE SCHUYLKILL COUNTY COURTHOUSE.
OFFICE HOURS ARE 8:30 AM TO 4:30 PM

Signature of Attorney other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	415-275-1244	4/5/18

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date	Time
		<input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
JOSEPH G. GROODY, IN HIS INDIVIDUAL CAPACITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 7
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

GROODY WORKS AS THE SHERIFF AT THE SCHUYLKILL COUNTY COURTHOUSE.
OFFICE HOURS ARE 8:30 AM TO 4:30 PM

Signature of Attorney other Originator requesting service on behalf of: <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	
Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
GEORGE FRANCIS HALCOVAGE, IN HIS OFFICIAL CAPACITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

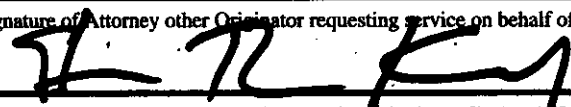
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 7
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

HALCOVAGE WORKS AS THE COMMISSIONER AT THE SCHUYLKILL COUNTY COURTHOUSE. OFFICE HOURS ARE 8:30 AM TO 4:30 PM

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

- DISTRIBUTE TO:**
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 2. USMS RECORD
 3. NOTICE OF SERVICE
 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCAGE, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
GEORGE FRANCIS HALCOVAGE, IN HIS OFFICIAL CAPACITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

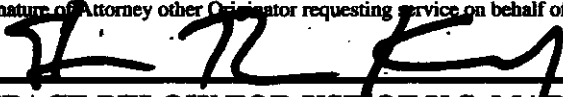
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285	1
	Number of parties to be served in this case	7
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

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HALCOVAGE WORKS AS THE COMMISSIONER AT THE SCHUYLKILL COUNTY COURTHOUSE. OFFICE HOURS ARE 8:30 AM TO 4:30 PM

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

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 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCAGE, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
GEORGE FRANCIS HALCOVAGE, IN HIS OFFICIAL CAPACITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of process to be served with this Form 285 1
	Number of parties to be served in this case 7
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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HALCOVAGE WORKS AS THE COMMISSIONER AT THE SCHUYLKILL COUNTY COURTHOUSE. OFFICE HOURS ARE 8:30 AM TO 4:30 PM

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

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GEORGE FRANCIS HALCOVAGE, IN HIS OFFICIAL CAPACITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of parties to be served in this case	7
	Check for service on U.S.A.	

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HALCOVAGE WORKS AS THE COMMISSIONER AT THE SCHUYLKILL COUNTY COURTHOUSE. OFFICE HOURS ARE 8:30 AM TO 4:30 PM

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

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Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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 3. NOTICE OF SERVICE
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PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
GEORGE FRANCIS HALCOVAGE, IN HIS OFFICIAL CAPACITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

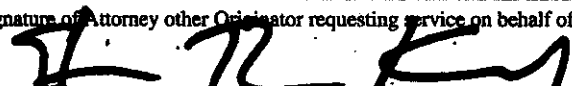
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of parties to be served in this case	7
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

HALCOVAGE WORKS AS THE COMMISSIONER AT THE SCHUYLKILL COUNTY COURTHOUSE. OFFICE HOURS ARE 8:30 AM TO 4:30 PM

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
---------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------	-----------------------------------------	-----------------------

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I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
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Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF
EDWARD THOMAS KENNEDY

COURT CASE NUMBER
new case

DEFENDANT
DAVID JOHN DUTCavage, ET. AL

TYPE OF PROCESS
COMPLAINT AND SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
GEORGE FRANCIS HALCOVAGE, IN HIS INDIVIDUAL CAPACITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

EDWARD THOMAS KENNEDY
401 TILLAGE RD.,
BREINIGSVILLE, PA 18031

Number of process to be served with this Form 285
1

Number of parties to be served in this case
7

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

HALCOVAGE WORKS AS THE COMMISSIONER AT THE SCHUYLKILL COUNTY COURTHOUSE. OFFICE HOURS ARE 8:30 AM TO 4:30 PM

Signature of Attorney other Origin requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

415-275-1244

DATE

4/5/18

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(Sign only for USM 285 if more than one USM 285 is submitted)

Total Process

District of Origin
No. _____

District to Serve
No. _____

Signature of Authorized USMS Deputy or Clerk

Date

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

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☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date

Time

☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee

Total Mileage Charges including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal* or (Amount of Refund*)

\$0.00

REMARKS:

DISTRICT OF

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
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PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN GEORGE FRANCIS HALCOVAGE, IN HIS INDIVIDUAL CAPACITY
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE, PA 17901

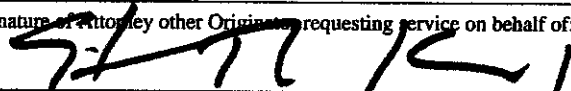
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 1
EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of parties to be served in this case 7
	Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

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Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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Address (complete only different than shown above)	
Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

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PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

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ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of parties to be served in this case	7
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

HALCOVAGE WORKS AS THE COMMISSIONER AT THE SCHUYLKILL COUNTY COURTHOUSE. OFFICE HOURS ARE 8:30 AM TO 4:30 PM

Signature of Attorney or other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk _____	Date _____
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy _____

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCAVAGE, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
GEORGE FRANCIS HALCOVAGE, IN HIS INDIVIDUAL CAPACITY
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of parties to be served in this case	7
	Check for service on U.S.A.	

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Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
					\$0.00

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PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	GEORGE FRANCIS HALCOVAGE, IN HIS INDIVIDUAL CAPACITY
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE, PA 17901


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 1
EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of parties to be served in this case 7
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Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm	
Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COUNTY OF SCHUYLKILL
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of parties to be served in this case	7
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SOLICITOR ALVIN MARSHALL WILL ACCEPT SERVICE OF PROCESS AND WORKS AS THE SOLICITOR AT THE SCHUYLKILL COUNTY COURTHOUSE. OFFICE HOURS ARE 8:30 AM TO 4:30 PM. GLENN ROTH IS ONE OF HIS ASSISTANTS. DARLENE LAUGHLIN IS CLERK FOR COUNTY OF SCHUYLKILL AND MAY ALSO ACCEPT SERVICE OF PROCESS.

Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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Signature of U.S. Marshal or Deputy _____	

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN
See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
COUNTY OF SCHUYLKILL
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
401 NORTH SECOND STREET, POTTSVILLE, PA 17901


SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of parties to be served in this case	7
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Signature of Attorney other Originator requesting service on behalf of: 	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
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Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN	
	COUNTY OF SCHUYLKILL	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE, PA 17901	

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031	Number of parties to be served in this case	7
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Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

415-275-1244

DATE

4/5/18

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☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time _____
☐ am
☐ pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
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REMARKS:

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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
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401 NORTH SECOND STREET, POTTSVILLE, PA 17901

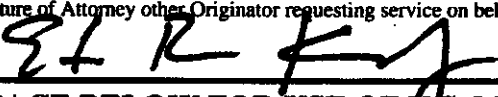
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	1
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PROCESS RECEIPT AND RETURN
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PLAINTIFF EDWARD THOMAS KENNEDY	COURT CASE NUMBER new case
DEFENDANT DAVID JOHN DUTCavage, ET. AL	TYPE OF PROCESS COMPLAINT AND SUMMONS

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